

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585,952	FILING DATE 07-13-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3	1							
4		1						
5		4						
6		1						
7		1						
8		1						
9		1						
10		2						
11		2						
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TOTAL IND.	2	↓	2	↓		↓		
TOTAL DEP.	23	←	15	←		←		
TOTAL CLAIMS	25		17					
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TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								